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Developing as a clinical teacher

Editorial for December 2016 issue of *The Clinical Teacher*

We know from experience and research that even under optimal conditions it takes many years to develop expertise in any discipline – whether surgery, sport, music or chess.¹ We probably all appreciate the talent, training and dedication that underpins the performance of an elite athlete, virtuoso violinist or outstanding clinician, yet sometimes overlook the time and effort required to develop expertise in clinical teaching. No-one would be expected to pick up a violin or a scalpel for the first time and use it effectively - yet many clinicians are expected to teach students and trainees without adequate training or experience in teaching. Fortunately, clinicians tend to be empathetic, quick learners with considerable experience of being taught themselves, teaching content which relates closely to their everyday work. Clinicians are also typically skilled in communication, informatics, team-working, ethics and other aspects of practice which may be ‘transferable’ to teaching. These factors probably explain why some clinicians get by as teachers without specific training, but seem unlikely to lead to optimal learning experiences or the development of teaching expertise. Recognising this, some disciplines and training programmes for healthcare professionals have established mandatory training for all of their teachers. Such training might include faculty development workshops, reflecting on teaching, and peer observation and feedback – of the sort described in this issue.² The UK General Medical Council, for example, introduced statutory training requirements for all doctors with defined teaching roles four years ago.³ Whilst initial concerns were raised about lack of time for training and that clinical teachers felt undermined and threatened,⁴ almost all the clinical teachers identified have subsequently met the new requirements. Over time I

suspect increasing numbers of clinical teachers will be required to undertake training for their teaching roles.

Willingness to adapt, learn and develop as a teacher seem to be prerequisites for good teaching.⁴ If you ask clinicians, educationalists and students what clinical teachers do, their responses will probably fall into three broad categories: hands-on 'Facilitating' activities such as demonstrating, assessing and relating to learners; 'Managing' activities such as leading teaching sessions, courses and recruitment; and 'Learning and community-building' activities such as reflective practice, training in teaching, networking and educational research.⁵ All three require time and effort, although learning and community-building activities are often less obvious and immediate, with less-measurable outcomes, and so may not be afforded the same time and institutional support as facilitating or managing activities. Yet expertise in teaching is not something that can be developed quickly nor alone. Rather it is an ongoing, career-long process which involves critical reflection, interaction and learning from others. Studies in various disciplines have shown that one of the most effective ways to develop expertise is to combine individual study and activity with the supervision and guidance of an expert teacher to help learners engage in 'deliberate practice' and refine specific aspects of their performance over time.¹ This month's Toolbox article on enhancing health professional education using social media also reminds us that technology, healthcare, learners and society as a whole are constantly evolving, and so even those who have already developed expertise must continue to develop, because the teaching approach which worked last year may not be as effective next year.⁶ Increased availability and familiarity with smartphones, for example, has enabled clinical teachers to provide resources, discuss issues and even assess learners in ways that have never been

possible before – exemplified by the cardiotocograph simulator app described in this issue.⁷

The Clinical Teacher is designed to help busy clinical teachers engage with the latest thinking and research in clinical education, as well as share insights and practice from across disciplines and the world. We are always happy to receive suggestions from readers as to how the journal can better help you to develop and maintain your teaching expertise.

Modern healthcare education also needs a healthy supply of clinical education specialists who can design and evaluate curricula, develop and implement new approaches to teaching and assessment, and both critically appraise and contribute to the healthcare education literature. These ‘clinical educationalists’ need a broad grasp of educational principles and evidence from the literature, training in a range of teaching and assessment methods which they can tailor to their own context, and some level of ability in educational research. An increasingly popular way for clinical teachers seeking to gain such additional expertise is to undertake a postgraduate certificate, diploma or masters degree in clinical, medical or health professions education.⁸ Some even decide to go further and undertake a doctoral degree in education. Of course, not all clinical educationalists and researchers are clinicians, as many come from other fields such as psychology, sociology, biomedical sciences, business and general education – and often already have doctoral degrees and publications.⁹ Our field is enriched immensely by their contributions, but we still need some clinicians in every healthcare discipline to specialise in education and in educational research, and I think ideally we should attract and support them to make this positive choice early in their careers. Potential strategies include embedding teaching experiences and training into undergraduate curricula;¹⁰ offering additional opportunities and qualifications for those who are interested, such as the ‘intercalated’ BSc in medical education undertaken

by one of this month's authors;¹¹ developing 'academic training programmes' with education and research components; and mentoring and supporting those who seek more of a focus on clinical education in their career. In this issue, we learn that additional training and mentoring seems to encourage trainees to write and present more case reports,¹² and that providing additional support, training and resources can lead to increased trainee enthusiasm and engagement with teaching and also research and development projects, presenting at meetings and writing for publication.¹³ Nurturing the development of clinical teachers and clinical educationalists requires investment in time, effort, money and support from colleagues. The potential rewards for such investment, however, include better training for them and subsequently for other clinicians, increased satisfaction and confidence for clinical teachers and learners, and ultimately better patient care.

991 words

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